

<i>SERFF Tracking Number:</i>	<i>AULD-127104629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48366</i>
<i>Company Tracking Number:</i>	<i>I-22814</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Care III Worksheet</i>		
<i>Project Name/Number:</i>	<i>Annuity Care III Worksheet/I-22814</i>		

Filing at a Glance

Company: State Life Insurance Company	SERFF Tr Num: AULD-127104629	State: Arkansas
Product Name: Annuity Care III Worksheet	SERFF Status: Closed-Filed-Closed	State Tr Num: 48366
TOI: A02I Individual Annuities- Deferred Non-Variable	Co Tr Num: I-22814	State Status: Filed-Closed
Sub-TOI: A02I.003 Single Premium	Author: Ann Smith	Reviewer(s): Linda Bird
Filing Type: Form	Date Submitted: 03/30/2011	Disposition Date: 04/01/2011
		Disposition Status: Filed-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Annuity Care III Worksheet	Status of Filing in Domicile: Pending
Project Number: I-22814	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 04/01/2011
	State Status Changed: 04/01/2011
Deemer Date:	Created By: Ann Smith
Submitted By: Ann Smith	Corresponding Filing Tracking Number:
Filing Description:	
RE: The State Life Insurance Company	
FEIN: 35-0684263 NAIC: 69116	
Advertising Forms:	
I-22814 Annuity Care III Worksheet	

The above referenced advertisement is being submitted for your review and approval. This form is new and does not replace any form currently in use by our company.

Our brokers will use this advertisement with prospective clients for State Life's annuity policy, form number SA35(AR), (single premium fixed interest deferred annuity with long-term care benefits) approved by your department on May 6,

SERFF Tracking Number: AULD-127104629 State: Arkansas
Filing Company: State Life Insurance Company State Tracking Number: 48366
Company Tracking Number: I-22814
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: Annuity Care III Worksheet
Project Name/Number: Annuity Care III Worksheet/I-22814

2009, SERFF Number AULD-126125411.

This advertising piece is not yet approved by our domiciliary state, Indiana.

State Life has reviewed the form and believes, to the best of its knowledge, the form is both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The form contains no unusual or possibly controversial items deviating from normal company or industry standards.

Company and Contact

Filing Contact Information

Ann Smith, Sr. Contract Analyst Ann.Smith@oneamerica.com
One American Square 317-285-4223 [Phone]
Indianapolis, IN 46206

Filing Company Information

State Life Insurance Company CoCode: 69116 State of Domicile: Indiana
One American Square Group Code: 619 Company Type:
P.O. Box 406 Group Name: State ID Number:
Indianapolis, IN 46206 FEIN Number: 35-0684263
(877) 285-7660 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Life Insurance Company	\$50.00	03/30/2011	46103646

<i>SERFF Tracking Number:</i>	<i>AULD-127104629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48366</i>
<i>Company Tracking Number:</i>	<i>I-22814</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Care III Worksheet</i>		
<i>Project Name/Number:</i>	<i>Annuity Care III Worksheet/I-22814</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	04/01/2011	04/01/2011

<i>SERFF Tracking Number:</i>	<i>AULD-127104629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48366</i>
<i>Company Tracking Number:</i>	<i>I-22814</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Care III Worksheet</i>		
<i>Project Name/Number:</i>	<i>Annuity Care III Worksheet/I-22814</i>		

Disposition

Disposition Date: 04/01/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AULD-127104629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48366</i>
<i>Company Tracking Number:</i>	<i>I-22814</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Care III Worksheet</i>		
<i>Project Name/Number:</i>	<i>Annuity Care III Worksheet/I-22814</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Annuity Care III Worksheet		Yes

SERFF Tracking Number:	AULD-127104629	State:	Arkansas
Filing Company:	State Life Insurance Company	State Tracking Number:	48366
Company Tracking Number:	I-22814		
TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.003 Single Premium
Product Name:	Annuity Care III Worksheet		
Project Name/Number:	Annuity Care III Worksheet/I-22814		

Form Schedule

Lead Form Number: I-22814

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	I-22814	Advertising Annuity Care III Worksheet	Initial		0.000	AnnuityCareIII_client_case_study_v8_033011.pdf

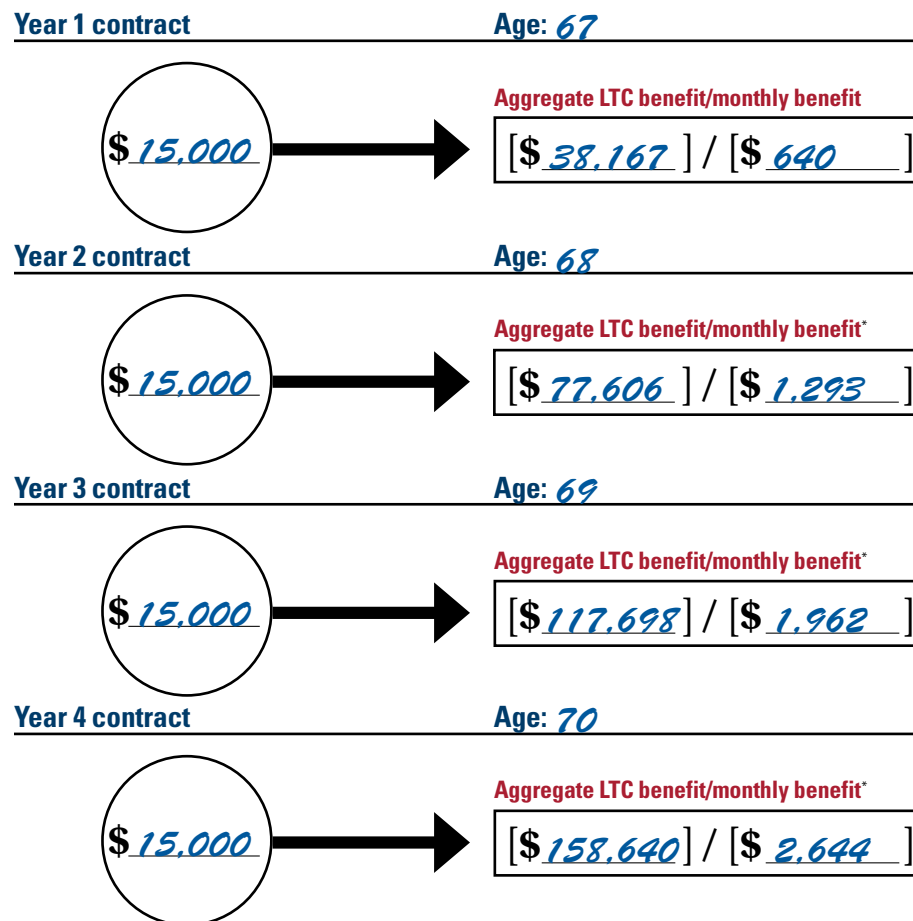
Utilizing excess qualified money with Annuity Care® III

A hypothetical case study example

John Sullivan is 67 years old. He owns an IRA with a value of \$80,000 which he anticipates will not be needed for retirement income. He is concerned with potential long-term care costs later in life, but has never purchased long-term care insurance over concerns of adding out-of-pocket premium expenses to his budget. One possible solution utilizes an existing asset instead of an annual premium.

With Annuity Care III, John has the ability to liquidate his qualified funds over a period of four years to purchase the long-term care protection he desires. Each year, John takes a withdrawal of \$20,000 from his IRA. He has \$5,000 withheld for federal and state income tax purposes and uses the balance of \$15,000 as premium into Annuity Care III.

Year-by-year, John's LTC benefits grow as coverage is purchased resulting in a significant pool of dollars that can help protect him from LTC expenses. In addition, the policies will accumulate cash value tax-deferred, provide income-tax free LTC benefits under the provisions of the Pension Protection Act, and pass unused cash value to heirs.



* These numbers reflect the combined benefits available under all the contracts and are based on the rates in effect at the time of purchase.

Not a deposit. Not FDIC insured. Not guaranteed by any bank. Not insured by any government agency.

© 2011 OneAmerica Financial Partners, Inc. All rights reserved.

Products and financial services provided by

THE STATE LIFE INSURANCE COMPANY | a ONEAMERICA® company

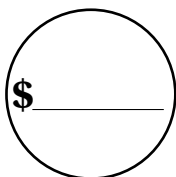
P.O. Box 406 | Indianapolis, IN 46206 | (317) 285-2300 | www.oneamerica.com

How Annuity Care III can work for you

Complete with your licensed insurance representative or agent.

Year 1 contract

Age:

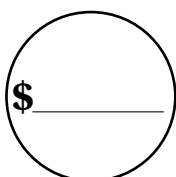


Aggregate LTC benefit/monthly benefit

\$ / \$

Year 2 contract

Age:

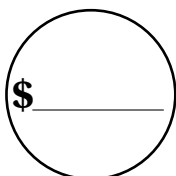


Aggregate LTC benefit/monthly benefit*

\$ / \$

Year 3 contract

Age:

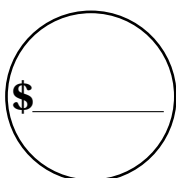


Aggregate LTC benefit/monthly benefit*

\$ / \$

Year 4 contract

Age:



Aggregate LTC benefit/monthly benefit*

\$ / \$

* These numbers reflect the combined benefits available under all the contracts and are based on the rates in effect at the time of purchase.

Not a deposit. Not FDIC insured. Not guaranteed by any bank. Not insured by any government agency.

Notes: The policy used to fund the Annuity Care III strategy is a single premium deferred annuity, medically underwritten and issued by The State Life Insurance Company, Indianapolis, Indiana. Policy Form Series: SA35. Each premium paid is deposited into a new policy with benefits based upon attained age, and subject to a new surrender charge schedule. Interest rates and monthly insurance charges will be based on the prevailing rates at the time each premium is received. The right to purchase additional policies without underwriting terminates if any additional purchase right is not exercised. Not available in all states, or may vary by state. John Sullivan is fictitious and all examples used are for educational purposes only.

© 2011 OneAmerica Financial Partners, Inc. All rights reserved.

Products and financial services provided by

THE STATE LIFE INSURANCE COMPANY | a ONEAMERICA® company

P.O. Box 406 | Indianapolis, IN 46206 | (317) 285-2300 | www.oneamerica.com

<i>SERFF Tracking Number:</i>	<i>AULD-127104629</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48366</i>
<i>Company Tracking Number:</i>	<i>I-22814</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Care III Worksheet</i>		
<i>Project Name/Number:</i>	<i>Annuity Care III Worksheet/I-22814</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
ARactcert.pdf		

STATE OF ARKANSAS

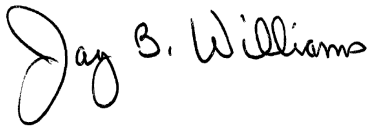
CERTIFICATION

CARRIER: THE STATE LIFE INSURANCE COMPANY

SUBMISSION: _____
I-22814

DATE: _____
March 30, 2011

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 19 § 10B.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, looped initial "J".

Jay B. Williams
Name

Vice President, Corporate Compliance
Title